

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE New York Medical Record of May 24th says:

At the annual meeting of the American Medical Association, held in the city of Detroit, Michigan, in 1874, Dr. J. M. Keller, of Kentucky, offered a resolution indorsing the action of the Boyle County Medical Society (Kentucky) and the Kentucky State Medical Society toward the erection of a monument to Dr. Ephraim McDowell, of Danville, Ky., who was the father of ovariectomy, and performed his first operation in his own town in the year 1809. The resolution was unanimously adopted. At the annual meeting held in the city of Louisville, Ky., in 1875, the special committee, of which Dr. J. Marion Sims, of New York, was chairman, and Drs. Washington L. Atlee, of Pennsylvania, W. T. Byford, of Illinois, and J. M. Keller, of Kentucky, were members, reported, among others, the following resolution: "Whereas, It is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of the operation of ovariectomy." Then followed resolutions devising plans for the establishment of the McDowell memorial fund, and remarks by Dr. S. D. Gross, of Philadelphia, regarding the justice of the claims of Dr. McDowell to the origination of the operation, all of which was indorsed and adopted by the Association.

This is a brief history of the nucleus around which have since gathered the donations from the medical profession of this country, more especially of the commonwealth of Kentucky, and to-day we are able to chronicle the accomplishment of the work, and the erection of a suitable monument which confers "honor upon whom honor is due."

Our contemporary will see by investigation of the Transactions of the American Medical Association that the work of establishing a McDowell memorial fund and of erecting a monument to the memory of McDowell were divided—the former being

committed to the profession of the country under the supervision of the American Medical Association, and the latter specially committed to the profession of Kentucky. The monument has been erected, but the more useful memorial fund, the interest of which is to be used for prize essays upon subjects kindred to McDowell's invention, has not been established. Dr. Gross, in his oration, did not give very sanguine hopes that the memorial fund would be raised, but we trust with the success of the monument the good work will be revived.

We were in error when we stated last week that the funds for the monument were contributed wholly by the profession in Kentucky—outside of the subscription of Dr. Murphy, of Cincinnati. Dr. Peaslee, a short time before his death, sent a subscription to the committee of the Kentucky State Society; and one of the largest subscriptions received (one hundred dollars) was from Professor Gross. We have this information from Dr. Anderson, the treasurer of the memorial fund. Of course other subscriptions could have been obtained outside of the state, but the committee made no attempt to get them, as the work was specially delegated to the Kentucky profession.

The stone erected to McDowell is not as grand (it is thirty feet high) as one might wish, considering the greatness of his deeds; but the committee, we think, showed excellent sense in erecting the best it could with the means at its command; and there is the eminent satisfaction that in America, which has been called "the land of unfinished monuments," a respectable shaft at least has been reared to "the father of ovariectomy."

IN our last issue the publication committee of the Kentucky State Medical Society was not given correctly. It is composed of Dr. Coleman Rogers, Dr. Preston B. Scott, and Dr. Jas. W. Holland, all of Louisville. The committee, we understand, is willing and anxious to go to work immediately with the publication of this year's proceedings and papers, and only awaits several of the essays which have not yet been handed in. It is probable that the transactions will be published as heretofore in a separate volume, wherein each contributor will have the pleasure of seeing what he has written in print, which pleasure will be shared in by the members of the Society, many of whom have already heard the papers read.

About five hundred copies of the transactions is the usual number printed, which, with the exception of a few exchanges and a fewer applicants outside, go to the members of the Society. In fact, if there is a limited circulation of any thing, it is ordinarily so with "Transactions."

We understand that a very favorable offer has been made by the proprietors of the *American Practitioner* to print the transactions as a supplement to that journal, with five hundred extra copies, for about the same amount as is charged for getting out five hundred separately. We have no idea that the offer will be accepted, but it would be far better than by the old plan. If there be any special objection to the journal named, let the Kentucky monthlies make bids; the Kentucky weekly will not be an aspirant. The Virginia Medical Society transactions are published as a supplement to the Virginia Medical Monthly, and the method has worked admirably. As it now is with the Kentucky transactions and with those of most of the states, patent-office reports stand about as good a chance of being read except by those directly interested.

THE exhibition of pharmaceutical goods at the meetings of medical societies has got to be quite an institution. There was

a goodly array of the sample fraternity at the meeting of the State Society at Danville, as well as of those who had goods to show and sell which could not be well given away just now. "Just now," we say, for there is no telling what will be the future of the pharmaceutical interest in this country. Prof. Gross said in his oration that some morning we would awake and find the announcement made that surgery had at length amputated the head without serious injury to the patient; and we may as confidently expect that the day is not distant when some enterprising firm will distribute full lines of surgical instruments in the way of advertisement, to be followed by some rival who will mount its patrons with gigs and horses.

We are always delighted to see our friends about and to witness their prosperity, and would ask for the commercial tourists who circumnavigate the country with goods pertaining to our guild a polite reception and patient consideration from the members of the profession.

The following exhibitors were at Danville:

SIMON N. JONES, "The Pharmacist," of Louisville, agent for Gemrig, of Philadelphia, with a full line of instruments of that renowned cutler's manufacture.

THE TROMMER EXTRACT OF MALT COMPANY, of Fremont, Ohio, with their unsurpassable preparations.

KEASBEY & MATTISON, of Philadelphia, with their last specialty of dextro-quinine, concerning which we have already much spoken.

HENRY THAYER & Co., of Cambridge, with their fluid extracts, specially noted for their great purity.

REED & CARNICK, with lactopeptine, already most favorably received throughout the United States, and with their maltine aspiring to similar favor.

WM. G. GARLAND, of Louisville, with full line of Tieman's famous instruments.

REYNDERS & Co., of New York, with their well-known instruments.

POWERS & WEIGHTMAN, with samples of proofs against the abolition of the quinia tariff.

THE GALVANO-FARADAIC COMPANY OF NEW YORK, with their well-known batteries; and

ARTHUR PETER & COMPANY, the ancient and honorable drug firm of Louisville, with samples of their manufacture, chief among which was their new "Aromatic Eccoproptic," which is declared by competent judges to combine the virtues of the cascara sagrada without its bitter taste.

THE several chairs in the Medical Department of the University of Louisville have been remodeled as follows:

J. M. Bodine, M. D., Professor of Anatomy and Clinical Diseases of the Eye and Ear, and Dean of the Faculty.

L. P. Yandell, M. D., Professor of Clinical Medicine and Diseases of Children.

E. R. Palmer, M. D., Professor of Physiology and Physical Diagnosis

T. S. Bell, M. D., Professor of the Science and Practice of Medicine and Public Hygiene.

John E. Crowe, M. D., Professor of Obstetrics and Medical and Surgical Diseases of Women.

Jas. W. Holland, M. D., Professor of Medical Chemistry, Therapeutics, and Diseases of the Nervous System.

D. W. Yandell, M. D., Professor of Surgery and Clinical Surgery.

R. O. Cowling, M. D., Professor of the Principles and Practice of Surgery.

W. O. Roberts, M. D., Demonstrator of Anatomy.

The following special manipulative courses have been established:

W. Cheatham, M. D., Demonstrator of Ophthalmoscopy, Laryngoscopy, and Otoscopy.

H. A. Cottell, M. D., Demonstrator of Medical Chemistry.

L. S. Oppenheimer, M. D., Demonstrator of Histology and Microscopy, including vivisections.

Demonstrations in Surgery under the supervision of the Professors of Surgery; demonstrations in Midwifery under the supervision of the Professor of Obstetrics.

Dermatology will be taught by Prof. L. P. Yandell in his general clinic.

A SUIT for malpractice against the Manhattan Eye and Ear Hospital has been won by that institution. There was nothing in the accusation of the plaintiff, and the New York Med. Record congratulates the profession that there was no difference of opinion between its members, not a single medical witness appearing to testify against the hospital staff. The Record thinks the hospital should be assisted by other institutions of the metropolis in payment of expenses in winning the suit, which protects them also from similar attempts. We are of a like opinion, and join, too, in the congratulations of the Record. A few more such victories, and we may be able to record the advance of the metropolis to the higher civilization in such matters that has existed in this commonwealth since its beginning. Malpractice suits here are at a discount, and one reason is the high premium which exists on medical witnesses to back them.

THE GYNECOLOGICAL PRATTLE.—We have received from Dr. Edward W. Jenks, of Detroit, a monograph entitled "Perineorrhaphy, with special reference to its benefits in slight lacerations," etc. The thought arises in our mind what would be the name of the thing applicable to big lacerations. Let us have a five-years' course.

MRS. ANNIE OLDHAM COOK, the widow of Dr. John Cook, who fell at Hickman among the yellow-fever volunteers, will be a candidate before the legislature for the office of state librarian. We simply call attention to this just now, and shall recur to it hereafter.

Original.

ACUTE CATARRH OF MIDDLE EAR.

BY W. CHEATHAM, M. D.

I shall endeavor in this short paper, "in the simplest and most colloquial manner, to point out how the general practitioner may, by obeying a few plain rules, treat the cases of acute disease of the middle ear that are certain to occur in his practice. I shall try to avoid such allusions as would be understood only by those who are familiar with aural medicine." I shall first consider the many causes for this otitis, among the most common of which are exposures to cold, measles, scarlet fever, diphtheria, tonsillitis, bronchitis, pneumonia, whooping-cough, sea-bathing, injuries to the side of the head, entrance of fluid into tympanic cavity either through the use of nasal-douche, post-nasal syringe, or snuffing water into the nose.

I have often wondered why any physician can not treat acute aural catarrh properly; why such cases are neglected, with the simple advice to drop a little laudanum or a little sweet-oil into the ear, when a complaint of "earache" is given in. Surely they do not recognize the gravity of the trouble. It is neglected, only such advice as the above being given, until the penned-up pus breaks through the drumhead or through the vault of the tympanic cavity, producing abscess of the brain. How many physicians of this day recognize the dangers of a chronic suppuration of the middle ear? A cautious life-insurance company will no more take the risk on a person suffering from the above trouble than if he had well-developed heart-lesions.

Nothing is more simple than the treatment for acute aural catarrh. Nothing gives greater relief or can extend your reputation more. What pain is more severe or excruciating than that due to the distension of the little space known as the cavity of the tympanum by pus, blood, or serum? What greater or more instantaneous relief can be given than the application of a few leeches to tragus, or a paracentesis of drumhead? What is less dangerous? What can decrease the chances more of a comfortable after-life than the neglect of such a case, allowing it to go on to chronic suppuration of middle ear?

Roosa divides the symptoms of acute aural catarrh into subjective and objective. Subjective symptoms: 1. Pain referred to depth

of the ear; 2. A sense of fullness in the same part; 3. Noises in the ear. Objective symptoms: 1. Vascular injection; 2. Bulging outward of the membrana tympani; 3. Impairment of hearing; 4. Catarrh of the pharynx and eustachian tubes; 5. Fever.

The common "earache" of children is nothing but an acute aural catarrh. The diagnosis is usually easily made, it being possible only to mistake a furunculosis of external auditory canal for it. Occasionally a toothache may be located there. The absence of all objective symptoms will soon enable you to distinguish it from the latter, while by inserting a small probe with point guarded by means of a little cotton, and gently pressing upon the different portions of the canal, no points of special tenderness being found, the former may usually be excluded. The diagnosis is somewhat difficult in infants. By watching them closely they will usually be seen with their little hands to their ear, or you will discover their unwillingness to lie on the affected side. By pressure on the tragus a sharp cry of pain will be elicited. Filling the ear with warm water will usually quiet the little patient if it is suffering from an "earache." An examination of the drum membrane will satisfy all doubts. Such an examination is easily made. A week or ten days' daily practice will enable any one to know an inflamed from a normal drumhead. Impairment of hearing is not always present. In cases of acute aural catarrh supervening on chronic catarrh the hearing is often improved. There is usually considerable elevation of temperature present in cases of acute aural catarrh. The skin is dry and harsh; pulse rapid; the expression of the patient one of intense suffering.

The treatment of such cases is to what I wish particularly to call your attention. Let me remark here to never put a poultice over an eye or an ear. It is sometimes excusable in diseases of the former organ after all hopes of vision are gone. They give relief at first, but usually leave the organs in a much worse condition than could have been expected from the primary trouble. They lead to the growth of polypi, and get the external auditory canal into such a soggy condition as to render the case almost if not entirely incurable. Many of you no doubt have seen earaches relieved by their application, but how many of you have also seen perforated drumheads that can never be healed, recurring polypi, occlusion of external auditory canal, deformity of auricle resulting from

abscesses, and many other evils which could have been avoided by the proper treatment.

I place at the head of all treatment for acute inflammation of the middle ear local bloodletting. One or several leeches should be applied to the tragus, leaving them there until they are filled; then the flow of blood should be encouraged for an hour or more, the number of leeches and the length of time of the after-bleeding to be controlled by the condition and age of the patient and the severity of the case. When it is impossible to get the leeches, wet cupping over the mastoid region is desirable. Next in efficacy to local depletion comes water as warm as can be borne, by means of a douche (not a syringe), or any other arrangement by which a steady flow of it into the aching organ can be acquired. A quart or more to be used in this manner, to be repeated every half hour or hour till relief is given.

If these remedies fail, do not try anodynes yet. They only mask the symptoms. If the drumhead is bulging, perform paracentesis. The operation is a very easy one. Any one capable of seeing a drumhead should be able to do it. Under good illumination pass the knife or needle used along the floor of the canal and just posterior to the handle of the malleus; in the infero-posterior quadrant of the membrane make your puncture. Sometimes pus will escape, other times blood or serum. After the puncture is made cause the patient to perform valsalva, or inflate with Politzer's bag and blow out any fluid which may be retained there. Where there is any doubt in your mind as to the propriety of the operation because the case is not clear to you, give the patient the benefit of the doubt. With ordinary care you can not possibly do harm, whereas by neglect irreparable injury may be done. Holes in drumheads made by knife or needle soon heal, very often before you wish; they are usually difficult to keep open.

After free vent is given the discharge anodynes may be used. Give them for their effect and not by the dose. Quiet the pain; give rest. This subject of rest was discussed very thoroughly in the last meeting of the New York County Medical Society. Drs. Agnew, Knapp, Roosa and others agreeing on the importance of it, but not in the position of the patient during the rest. Give patient his or her choice; leave it to them entirely. Should the paracentesis close, repeat it as often as necessary. I have seen it done six or eight times in one ear with excellent result.

In reference to this operation I will quote the following from a lecture delivered before the students of the College of Physicians and Surgeons in New York by Dr. C. R. Agnew: "We can not be too prompt in evacuating the middle ear in cases of inflammation of that part. By delay we can gain nothing, as the paracentesis never does any harm. I wish I could impress on you the importance of applying these principles in the treatment of ear complications of measles and scarlet fever. The ears of such cases should be examined daily, and anticipate if possible that ulceration of the membrana tympani which so frequently occurs in the progress of these maladies. Of all the remedies employed in such cases paracentesis of the drumhead is the most valuable." There is no doubt in my mind but what many deaths during illness from these maladies come from abscess of the brain or a meningitis produced by a suppurative inflammation of the middle ear. The anatomy of the parts is very favorable to such a result. Between the meninges and middle ear there intervenes but an exceedingly thin plate of bone. In many cases there is a direct communication by means of foramina. In young subjects the intervening tissue is about as easily perforated as the drum membrane. The pus is about as likely to take the inward course as the outward. It would be difficult to surmise the number of deaths that have occurred from this cause. They are generally reported as having died from the primary disease.

In all ear troubles, and especially in the one of which I am speaking, strict attention should be paid to the general condition of the patient. The skin should be kept active as far as possible, to guard against cold. An hour's cold will undo many months' treatment.

In review, then, we will say that the first indication in the treatment of acute suppuration of the middle ear is local depletion by means of leeches, the flow of blood to be continued for some time after the leeches drop off. Next, hot water by means of a douche. When the suppuration is well advanced and the drum found bulging, paracentesis is strongly indicated, to be repeated if necessary. After a free vent is given the discharge, if pain persists give opiates until rest is acquired. Even after the paracentesis is performed the hot-water douching should be continued. Do not plug a discharging ear with cotton. Let the pus escape. Better have it come out than go in. Should there be swelling or tenderness over the mastoid

bone, make an incision parallel to the base of the auricle, and about half an inch from it, down to the bone. Keep the incision open by means of cotton tents, and apply poultices, not over the auricle, but over the mastoid region only. I have just had such a case in a baby six months old. The incision was made at least two months ago. There is yet some discharge from the opening, and there will no doubt be some small spiculæ of bone come away.

I have not time here to devote to these cases where trephining is necessary. I have endeavored to give in this paper in a brief and concise manner the now recognized treatment in acute suppuration of middle ear. It is such as I found them practicing in the principal cities of Europe during my last visit there, and the treatment I have found in my experience to give the quickest relief and the best after results. The throat and eustachian tubes, where the difficulty usually originates, should of course be attended to. Nothing gives greater relief or more comfort in after life than the proper management of acute suppuration of the middle ear.

LOUISVILLE.

Correspondence.

A NEW INSTRUMENT.

To the Editors of the Louisville Medical News:

I desire to call your attention to a new instrument which I have had the honor to devise, and through your columns to claim priority in its invention.

That I may be just to all parties, I may first state what were the evolutionary stages through which my instrument passed before it reached its present perfected shape.

Some years since—the exact date has escaped me—Dr. Smithe, the eminent gynecologist of Jonesville, gave to the professional world his since celebrated probe, a figure of which accompanies my text. This instrument has been known as the Smithe probe.

(SEE FIG. 1.)

THE SMITHE PROBE.

It is three inches long, about the size of a knitting-needle, and is made of white metal. It has served an excellent purpose in the exploration of perineal sinuses; but it soon became evident that for sinuses which exceeded three inches in length the "Smithe

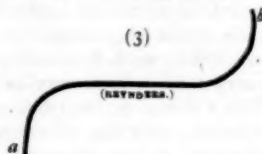
probe" would not do. We are indebted to the genius of Dr. Jones, the renowned uterine pathologist of Smithville, for a solution of this difficulty. Dr. Jones modified the Smithe instrument so as to make it *four*

(SEE FIG. 2.)

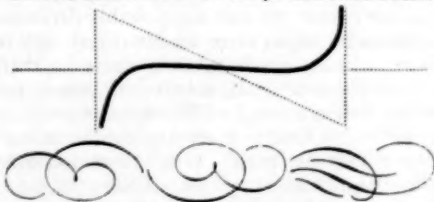
THE JONES MODIFICATION OF THE SMITHE PROBE.

inches long instead of three, thereby allowing sinuses of increased depth to be examined.

This was a great improvement, but the instrument was not yet perfect. Both the Jones and the Smithe instruments were confined in their operations to sinuses which were perfectly straight, and this fact led that obstetrical wonder, Dr. Brown, to devise an instrument which could be used in the exploration of sinuses which were deflected from a direct line. Dr. Brown also bore in mind the important fact, which was demonstrated by the Viennese school, that sometimes the sinus runs up and sometimes the sinus runs down. To meet this double difficulty he constructed a probe which upon its right extremity ascends in a gentle curve, while upon its left extremity it descends in a similar direction. The accompanying diagram will illustrate these peculiarities perfectly, and will also show the capacity of the instrument for deflection from the normal direction. In diagram 3 *a* represents



BROWN'S MODIFICATION OF THE JONES-SMITHE PROBE.

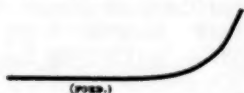


one end of the probe and *b* the other. The other figures explain themselves.

It might have seemed, with these instruments before the profession, that hardly any thing more was to be desired for the convenience of the gynecologist; but my experience, which is by no means limited, has taught me that there are still objections to be urged to each of the instruments named, and I have endeavored—and I think that

you will allow I have succeeded in my endeavor—to combine in one instrument the excellences of all, with the imperfections of none.

The Smithe instrument was too short, the Jones modification was too straight, and the Brown modification was too curved, and, as will be seen at a glance, can be *only* used in deflected sinuses. I have therefore, after much experimentation, constructed an instrument, after the pattern in the



ROBINSON'S MODIFICATION OF THE BROWN-JONES-SMITHE PROBE.

accompanying diagram, which it will be seen is curved at one end and straight at the other. If the sinus is straight, then the straight end is used; if the sinus is curved, the curved end is used. If it point upward, the curve is pointed in a similar direction; if it point downward, the curve is simply reversed (Q. E. D.) So also I have caused my instrument to be made of two sizes—one three inches long, the other four—that it might cover the same field with the Smithe instrument and the Jones modification.

I trust, Mr. Editor, that with this showing there will be no gainsaying that I have made a real advance in our art, and that hereafter no one will endeavor to claim my invention.

J. ROBINSON, M. D.,

*Surgeon to the Hospital for Ruptured Vesicles,
Member of the Antiversion Society,
the Round-Ligament Club, etc.*

BROWNSVILLE.

Reviews.

Galvanism in the Treatment of Sciatica. By V. P. GIBNEY, A. M., M. D. Read before the New York Academy of Medicine.

This brochure makes the same impression that the author's writings always do, viz. that it is the work of an enthusiastic believer in the resources of our art who has the happy faculty of controlling his researches by clear and fair observation. He reports fifteen cases of sciatica treated by galvanism alone. The circumstances were such as to preclude the use of the ordinary drugs. The constant current varying in strength with the case, but preferably at the highest point that the subject would stand, was used generally for ten minutes daily with the most gratify-

ing results. He would not advise it in sciatica of rheumatic origin, the cases reported being of a different character. Attention is drawn to the point that faradism, or the interrupted current, had at best a negative value. The constant current of about twenty cells held stationary over the painful points during the entire sitting is what the writer finds to be the most reliable and most permanent remedy for this distressing disease. Any one who appreciates the rare quality in writings upon electricity of honest and plain statements will not suspect the conclusions, but receive them hopefully as a promise of relief to many who have suffered long from this obstinate malady. Faradism is found to be not a good substitute for galvanism. It is sometimes positively hurtful. All has not been done for the case of simple sciatica until galvanism has been tried daily for several weeks.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M. D., etc. Part V: Scabies; Herpes Zoster; Tinea Sycosis Eczema (vesiculorum). Philadelphia: J. B. Lippincott & Co. 1879.

The author and the publisher have done their best work upon this fifth part of the Atlas. The plates are absolutely perfect, excelling any thing of the kind ever published. Dr. Duhring's descriptions of the dermatoses pictured are scholarly, graphic, vivid, delightful.

Wood's Library of Standard Medical Authors.

The fifth monthly installment of this admirable enterprise is the third volume of Frerichs on the Liver. We call the attention of the profession once more to these publications. It will be necessary for the publishers to have a very general support to justify them in continuing the work another year. We are happy to learn that many subscribers have been secured in this direction.

Modern Surgical Therapeutics: A Compendium of Current Formulae, Approved Dressings, and Specific Methods for the Treatment of Surgical Diseases and Injuries. By GEORGE H. NAPHEYS, A. M., M. D., etc. Sixth edition. Revised to the most recent date. Pp. 605, 8vo. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1879.

We have on former occasions, in noticing previous editions of this work, described its general plan. The book increases in popularity, and new editions follow each other

in quick succession. Although it originated with Dr. Napheys, it is in its present shape the work of its editor, Dr. Brinton, who has uncommon skill in this as in other fields of medical literature. The design of the work is excellent and its execution admirable. It is well worth the popularity it has acquired.

Or as an ointment:

R Ferri persulphatis..... ʒ ss-j;
Unguenti cetacei..... ʒ j. M.

This, if carefully applied, causes no pain.

Formulary.

[Extracted from Naphey's Modern Surgical Therapeutics.]

PROF. FORDYCE BARKER, M. D., NEW YORK.

The general prejudice against aloes in piles does not apply, according to this writer, to their occurrence in pregnant women. A frequent prescription with him is:

R Pulveris aloes socotrinæ.... } aa ʒj;
Saponis castiliensis..... }
Extracti hyoscyami..... ʒ ss;
Pulveris ipecacuanhæ..... gr. v. M.

To make twenty pills. One morning and evening.

When tumors descend they should be replaced, and the following applied twice daily:

R Unguenti gallæ compositi.... ʒj;
Extracti opii aquosi..... ʒj;
Liquoris ferri persulphatis.... fl. ʒj. M.

Dr. Barker considers castor oil one of the most irritating laxatives to hemorrhoids. He states, in reference to *aloes*, that Oppolzer was quite famous in the treatment of piles, and yet his favorite prescriptions contained aloes. When the patient was troubled with constipation, the aloes was associated with quinine; without constipation, the sulphate of iron. For bleeding piles he used:

R Ferri sulphatis..... ʒj;
Extracti aloes aquosi..... ʒj;
Extracti taraxaci..... q. s. M.

Make sixty pills. One morning and evening, and increase to three a day if necessary.

WILLIAM ALLINGHAM, F. R. S., LONDON.

The bowels should be kept soluble with the following:

R Liquoris magnesiæ carbonatis.. ʒ ss;
Potassæ bicarbonatis..... ʒj;
Tincturæ sennæ..... fl. ʒ ij;
Spiritus ætheris nitrosi..... fl. ʒ ss;
Aquam..... ad fl. ʒ ij. M.

To be taken every morning, fasting.

The parts to be smeared with

R Extracti belladonnæ..... } aa ʒ ss. M.
Extracti opii..... }

Followed by a warm poultice, if there is much swelling.

In *internal bleeding piles* Mr. Allingham strongly recommends the curative powers of persulphate of iron. This may be applied in the fluid form, as:

R Ferri persulphatis..... ʒj;
Glycerinæ..... } aa fl. ʒ ss. M.
Aque..... }

Books and Pamphlets.

TREATMENT OF DROPSY OF THE GALL-BLADDER BY OPERATION (CHOLECYSTOTOMY). With notes of a successful case. By George Brown, M. R. C. S., L. S. A., formerly House-surgeon at Charing Cross Hospital, etc. Reprinted from the British Medical Journal.

BATTEY'S OPERATION; THREE FATAL CASES, WITH SOME REMARKS ON THE INDICATIONS FOR THE OPERATION. By Geo. J. Engelmann, M. D., of St. Louis, Mo. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XI, No. 3, July, 1878.

THE DIFFICULTIES AND DANGERS OF BATTEY'S OPERATION. By Geo. J. Engelmann, M. D., Fellow of the American Gynecological Society, Fellow of the London Obstetrical Society, Consulting Surgeon to the St. Louis Female Hospital, etc. Extracted from Transactions of the American Medical Association.

TRANSACTIONS OF THE DETROIT MEDICAL AND LIBRARY ASSOCIATION, APRIL, 1879. Published quarterly by the Association.

A BIOGRAPHICAL SKETCH OF THE PROFESSIONAL CAREER OF THE LATE PROF. ELI GEDDINGS, M. D. Presented to the Medical Society of South Carolina by Drs. F. M. Robertson, T. L. Ogier, and J. P. Chazal, a committee appointed for that purpose.

REPORT OF THE STATE OF THE NEW YORK HOSPITAL AND BLOOMINGDALE ASYLUM FOR THE YEAR 1878. New York.

SPEECH OF A. H. GARLAND IN THE SENATE OF THE UNITED STATES, MAY 2, 1879, ON THE BILL TO PREVENT THE INTRODUCTION OF EPIDEMIC DISEASES IN THE STATES, ETC. Washington, 1879.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the NEWS is in stock. These can be obtained at the following prices: The NEWS for 1876, Vols. I and II bound together, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

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Miscellany.

PERIODICAL MANIA.—Dr. J. H. Salisbury read the history of a case of this character that recovered while taking anti-periodic doses of quinine. The patient was a man of twenty-five, a teamster, temperate, and healthy previous to the present illness. It was reported that two weeks before admission to the hospital he had fallen from his wagon and was injured to the extent of scratches about the head. That night he had vomited. He was sane six days, though not well. Upon the seventh day he had a chill, followed by fever and an attack of delirious mania. This subsided, to be repeated in two days. When brought to the hospital he was in a state of wild delirium, and had to have a strait-jacket. Upon admission his temperature was only 100° F., and the pupils were slightly dilated and alike. Bromide of potassium and chloral were given to quiet him, and he slept. The next morning he was quiet, but not entirely rational. He had no symptoms of acute meningitis afterward, but had several slighter attacks of maniacal delirium occurring with no particular regularity. He was given five to ten grains of quinine each day. In a few days he had entirely recovered.—*Med. Press and Cir.*

In some parts of Germany physicians are not permitted to dispense medicines when there is an apothecary to do it for them. In Regensburg three homeopathic physicians were practicing, when an apothecary came among them and notified them to send him their prescriptions. Two of them refused to obey, and were brought before the court and fined five dollars. The case was carried to a higher court, and the medicines (pellets) sent to the University of Erlanger for chemical analysis. The chemists reported that the pellets were made of pure sugar and did not contain any medicine; whereupon the judge reversed the decision of the lower court, and declared there was no law against physicians distributing sugar plums as freely as they chose.

ARSENICAL DOLLS.—A shopkeeper in a small place not far from Berlin bought a doll dressed in a green muslin frock from a pedlar for his child, aged one year and a half. The latter repeatedly put the doll into its mouth, as babies often will do, and a few days later showed very grave symptoms of some illness which the doctor could

not define until he happened to cast his eye upon the doll. The frock was immediately sent to the next chemical laboratory, where it was found to contain a quantity of arsenic sufficient to injure even an adult. The police succeeded in discovering the pedlar and the name of the firm where the doll had originally been bought.—*British Med. Jour.*

PRENATAL URINATION.—Prof. Gusserow, of Strasbourg, considers it beyond doubt that the fetus secretes urine, and that the urine accumulates in the bladder until its presence causes irritation, when it is voided into the liquor amnii. Furthermore he says though the source of the liquor amnii at an early period is obscure, during the second half at least of pregnancy it is derived from the kidneys of the fetus. Thus it seems the little one floats in a lake of his own urine for at least half of the first nine months of his existence.

THE physiologist is not a man of the world; he is a *savant*; he is a man absorbed by a scientific idea which he pursues; he neither hears the cries of animals nor heeds the flowing blood; he sees only his idea and perceives only the organisms which hide the problems which he is striving to solve. In like manner the surgeon is not checked by cries or sobs, because he keeps his idea in view and looks to the purpose of the operation. So, too, the anatomist never feels that he is in a horrible charnel-house. Under the influence of a scientific idea he follows with delight a nervous cord among the putrid and livid flesh, which to another man would be an object of horror and disgust.—*Claude Bernard.*

THE DUTY ON QUININE.—The fortune of the late Mr. Thomas H. Powers is estimated between five and ten million dollars. Very much of this was made on quinine, and the movement to repeal the duty on that drug is one which should meet the approval of all unbiased physicians. At present the sick are obliged to pay more than twice as much for this medicine as they would were the duty removed. This excess goes into the pockets of the already enormously wealthy manufacturers. It is a striking instance of the gross injustice of protective duties. In fact, it is encouraging a monopoly of the most unfair description.—*Phila. Med. Rep.*

"The sweet vicissitudes of rest and toil
Make labor easy and renew the soil."

Selections.

ON THE DIAGNOSIS OF TUMORS OF THE GROIN.

Extract from a lecture by Christopher Heath, F. R. C. S., in Medical Times and Gazette:

Diagnosis of Inguinal Tumors.

HERNIA.—Impulse on coughing; reducible with gurgle; clear on percussion if intestine; feels like intestine, or knotty, if omentum.

HYDROCELE OF CORD.—Impulse on coughing; apparently reducible; dull on percussion; elastic feel, like small elongated bag of fluid.

ILIAC ABSCESS.—Impulse on coughing; non-reducible; dull on percussion; elastic, and possibly fluctuating.

LYMPHADENOMA.—No impulse on coughing; non-reducible; dull on percussion; Hard, well-defined, not tender unless inflamed.

TESTIS.—No impulse on coughing; non-reducible; dull on percussion; obscurely elastic, and characteristically painful.

Diagnosis of Femoral Tumors.

HERNIA.—Impulse on coughing; reducible with gurgle; clear on percussion if intestinal; feels like intestine, or knotty, if omentum.

PSOAS ABSCESS.—Impulse on coughing; irreducible; dull on percussion; elastic or fluctuating.

FATTY TUMOR.—No impulse; irreducible; dull; lobulated.

CYST IN CANAL, OR LYMPHADENOMA.—No impulse; irreducible; too small for percussion; hard and ill-defined.

Reducible Scrotal Tumors.

HERNIA.—Impulse on coughing; percussion clear if intestinal, dull if omental; ring and inguinal canal occupied, spermatic cord obscured; intestine to be felt, and returned with gurgle, and remains up till effort is made; opaque; any age.

CONGENITAL HYDROCELE.—No impulse unless combined with hernia; percussion dull; ring and canal clear; fluid to be felt, and readily returned when patient lies down, and reappears slowly when he stands up; translucent; childhood.

VARICOCELE.—Impulse on coughing when large; percussion dull; ring occupied by enlarged spermatic cord; feels like a bag of worms when small, but like intestine when large—can be reduced by pressure, and fills again while pressure is made on ring; opaque; young adult, and on left side.

Irreducible Scrotal Tumors.

HERNIA.—Sausage-shape; intestine clear, omentum dull; intestinal or knotty; opaque; sudden.

HYDROCELE.—Pyriform; dull on percussion; elastic or fluctuating; translucent; chronic.

HÆMATOCELE.—Globular; dull on percussion; tense or doughy; opaque; sudden.

SARCOCELE.—Irregular; dull on percussion; more or less induration; opaque; chronic.

STRANGULATED HERNIA.—Suddenly produced or, if present before strangulated thus; pain in groin and about abdomen, with considerable constitutional depression and anxiety of face; tumor tense, and giving the sensation of intestine when manipulated—skin normal; impulse on coughing to be felt along the groin, in which there is more fullness than usual, but ceases abruptly at the point of strangulation; per-

cussion over tumor gives a clear sound unless the protrusion is omental; vomiting probably present, continuous, and eventually stercoraceous.

HÆMATOCELE.—Suddenly produced by some external violence; pain in scrotum and constitutional disturbance, slight after the first few minutes; tumor tense and heavy, globular in shape, and not translucent—skin often bruised; no impulse in groin, which is perfectly normal; percussion gives a dull note; vomiting immediately following the accident, but not continued.

ORCHITIS.—Developed a few hours after a blow or following gonorrhœa; pain in scrotum and along the cord to the loins—feverish disturbance of system; tumor excessively tender to the touch—cord thickened—skin reddened; no impulse on coughing; percussion gives a dull note; nausea and faintness, but seldom vomiting.

The Microscope in Gynecological Diagnosis.—By numerous examinations, Veit and Ruge have arrived at the conclusion (1) that the views generally held of the nature of erosions and follicular ulcerations of the cervix require great modification, these changes being really due to glandular outgrowths (*drüsige Wucherungen*), a drawing of which accompanies the paper; that (2) where the clinical diagnosis fails in certain cases of fissured cervix with epithelial outgrowths in the cervical canal, the microscope can decide with certainty for or against cancer. Ruge also states that pieces scraped from the interior of the uterus have proved the existence of cancer several times, "when there was still absolutely no certain clinical suspicion of it," and that Freund's total extirpation of the uterus was consequently performed, to the extreme benefit of the women. Lastly (3), they consider excision and "erosion" imperatively indicated "in doubtful cases where the clinical examination alone does not give information enough, and where it is a question not only of prognosis, but of the early performance of important operations which it may be impossible to execute later on when the physical signs are no longer doubtful." Four illustrations of benign and malignant alterations of the cervix and uterus materially assist the comprehension of Ruge's paper. The difficulty of exercising portions of the cervix for microscopic examination without assistance and without attracting the patient's attention too much has been overcome by an ingenious "excisor," invented by Dr. Ubbo Richter, of Emden, and which is described and figured in the *Berl. Klin. Wochenschrift*. It is merely a scissors with peculiar shaped blades. Dr. Ruge has convinced himself that the pieces of tissue excised by it are well adapted to microscopic examination.—*Medical Times and Gazette*.

Subdivision of Metals.—A writer in New Remedies has been examining under the microscope homeopathic medicines, and concludes that, contrary to the hitherto prevailing opinion, metallic and other hard insoluble substances—such as gold, carbon, mercury, silica, etc.—can not be subdivided by continued trituration beyond a certain limit (about $\frac{1}{10000}$ of an inch), and that it is not possible that any particles of the original substance could be present in any trituration higher than the third centesimal. He states that in centesimal trituration (one of substance and ninety-nine of milk sugar) the action of the pestle is mainly confined to the sugar, while the foreign substance receives but little of the power employed.

The Discussion at the Obstetrical Society on the Use of the Forceps.—The following is a *précis* of the argument for discussion on the use of the forceps, to be introduced by Dr. Barnes at the meeting of the Obstetrical Society of London, on May 7th: The theme set by the Council is "On the Use of the Forceps and its Alternatives in Lingering Labor." The terms exclude from discussion the use of the forceps to expedite labor on account of convulsions, hemorrhage, prolapse of the cord, or other accidental complications. The forceps comes into competition with its alternatives—expectancy, ergot, lever, or compression of the uterus—under two leading orders of cases: 1. When the head is delayed in the pelvic cavity; 2. When the head is delayed at or above the brim. The chief contest turns upon the use of the forceps in the second order of cases. This involves discussion of questions: 1. Does lingering labor occur so as to entail danger to mother or child during the first stage of labor? 2. Is the application of the forceps ever necessary or useful before the full dilatation of the cervix uteri? It will be contended that those who rarely use the forceps more frequently resort to ergot or craniotomy, especially where the head is arrested above the reach of the short forceps. **General Propositions:** 1. In lingering labor, when the head is arrested in the pelvic cavity, the forceps will almost always be better than its alternatives. 2. In lingering labor, when the head is engaged in the pelvic brim, and where it is known that the pelvis is well formed and the head normal, the forceps will be generally better than its alternatives. 3. In lingering labor, where the head is resting on the pelvic brim, the liquor amnii discharged, and it is known that there is no disproportion, or only a minor degree of disproportion, even although the cervix uteri is not fully dilated, the forceps will generally be better than its alternatives. 4. In proportion as the head is high in the pelvis, in the brim, or above the brim, the necessity, the utility, and the safety of the forceps become less frequent. 5. As a corollary under the conditions of the preceding proposition, increasing caution is called for in determining on the use of the forceps, and greater skill in carrying out the operation.—*Medical Times and Gazette.*

New Remedy for Dysentery.—In the Indian Medical Gazette for 1st October, 1878, there is an interesting account of a new remedy for dysentery "which promises to rival ipecacuanha in its power over acute dysentery." The credit of bringing this remedy to notice belongs to Assistant-Surgeon Umrito Lal Deb, attached to the Howrah General Hospital. This gentleman reports, and his report is confirmed by Surgeon-Major R. Bird, M. D., Civil Surgeon of Howrah, that the root of the plant called in Bengalee *Rungun*, belonging to the genus *Isora*, "is very efficacious in the treatment of acute dysentery." Dr. King, Superintendent of the Calcutta Botanical Gardens, identified the plants used in the trials at Howrah as belonging to the species *I. Coccinea* and *I. Bandhuca*. It is claimed for this remedy that it has the virtues of ipecacuanha without the nauseating properties of that valuable drug. At Howrah the remedy was used in doses of from fifteen to thirty grains three or four times a day, of the fresh root ground to a pulp on a "curry stone," with a piece of long pepper, administered suspended in water. Extensive trials are now being made in India of this new remedy. A tincture has also been prepared of the fresh root.—*British Medical Journal.*

A Case of Gestation Prolonged to Fifteen Months.—Extract from transactions of Obstetrical Society of Cincinnati, in American Journal of Obstetrics:

Dr. Henderson was called to see a lady in the latter part of January, 1860. She was about thirty-five years of age, was the mother of several children, and quite healthy. Her previous confinements were in no particular remarkable. She had menstruated regularly until the previous December, which period she missed, making the flow in the early part of November the last previous to the time he was called. She had a slight hemorrhage from the uterus, associated with more or less pain in the back and lower part of the abdomen. The womb upon examination was found enlarged to about the size that we would expect to find it at the period of two or two and a half months' gestation. The patient expressed herself well satisfied that she was pregnant, and feared very much that she would have an abortion. He prescribed sulph. morphia and enjoined rest, which soon relieved her. She continued to develop until about the proper time, when she quickened, which led her to suppose that she would be delivered about the middle of August following. He said that he saw the patient frequently from the time he had been called, and believed from her appearance that she would be confined at about the anticipated time. She, however, continued for a month or more over the expected period, and becoming uneasy again sent for him. He made an examination and found the uterus to all appearance at the full period of gestation, but the os was not in the least dilated. The patient said to him that she had felt the movement of the child from the period of quickening up to that time, and that the motion, so far as she could remember, was just the same as in her former pregnancies. She continued in this condition until about the first of November, at which time he made another examination and found the uterus apparently larger, but in every other respect about the same as it was at the last examination.

He now left the patient in the care of another physician as he expected to be absent for a few months. About the middle of February, 1861, he was sent for again, as both patient and physician were becoming quite uneasy. Before leaving the city he consulted Prof. M. B. Wright concerning the case, who expressed himself quite hopefully as to the final result, saying that he had seen cases of prolonged gestation, but that they had all terminated favorably, although he admitted that he had never seen one quite so prolonged as this one seemed to be.

Dr. H. again visited his patient in consultation with the physician with whom he had left the case. Found the patient apparently in good health but with the abdomen enormously distended. She had not had labor-pains up to this time, which was the 15th of February, 1861, making in all fifteen months since she supposed herself to be pregnant. The os was considerably dilated and dilatable. A suspensory bandage was improvised and the weight of the abdomen suspended from her shoulders.

In a day or two labor came on, and after a tedious and painful labor they were compelled to deliver her with the forceps. The child, weighing sixteen pounds and a half, was still-born, having evidently died during the labor, as was clearly proved from the fact that the movements of the child were distinctly felt up to within three hours of its delivery.

Alcoholic Hemianæsthesia.—M. Debove read, at a recent meeting of the Société Médicale des Hôpitaux, some notes relating to this subject. The patient was a strong-built man, aged fifty, who was much addicted to drink and swallowed daily considerable quantities of alcohol. He entered the hospital on account of pneumonia, had a violent attack of delirium tremens, and recovered. During his convalescence, it was noticed that the whole of his left side was anæsthetic. Various attempts were made to cure the patient; discs of metal were successively applied to the forearm, but the only one by which sensibility could in any way be restored was silver. The next day, a very feeble continuous current was used, one pole being applied to the forehead and the other to the dorsal surface of the foot. Thirty minutes later, sensibility was permanently restored. Immediately, however, after this favorable result, the patient began to complain of violent sciatica on the side which had previously been hemianæsthetic. It was then discovered that he had, for several years previously, been suffering from sciatica, which had subsequently been masked, as it were, by the hemianæsthesia, and which immediately came on again when the latter was dispelled. When the patient, some time afterward, met his doctors, he gave utterance to sentiments which could not be considered as expressions of gratitude, for having brought back his sciatica.—*British Medical Journal*.

Remarks on One Hundred and Fifty Operations for Extraction of Cataract.—Mr. Charles Higgins read a paper before the Royal Medical and Chirurgical Society which was accompanied by a printed table in which were set down the sex and age of the patient, right or left eye, form of cataract, kind of operation, results, and remarks. The results were collected under three heads: successful, partially successful, and failures. Under the first head were one hundred and fifteen, 76.6 per cent; under the second twenty-four, 16 per cent; under the third eleven, 7.3 per cent; so that in 92.6 per cent of the cases the sight was improved by the operation, in 7.3 no improvement took place, or sight was worse than before. Three methods of operating were described: extraction by small flap; by linear section; by oblique corneal section. One hundred and four cataracts were extracted by the first method, twenty-five by the second, and twenty-one by the third. The advantages and disadvantages of the various methods were briefly alluded to. Iridectomy at the time of extraction, or as a preliminary some time previously, was strongly recommended. The relative advantages of upward and downward section were mentioned. The after-treatment was given.—*Med. Times and Gazette*.

Abortive Treatment of Boils.—If a boil in the formative stage be painted with the following mixture until it is thickly coated, not only immediately over it, but for some distance around it, the peculiar throbbing, bursting pain is promptly relieved; and if the treatment is persisted in, the tenderness, redness, and swelling disappear without the formation of slough; if slough has formed it is quickened in its separation:

	Grams.
R Tinct. arnicæ.....	3j; 4
Acidi tannici.....	3 ss; 2
Acaciæ pulv.....	3 ss. 2 M.

To be used as soon as prepared.—*Medical and Surg. Brief*.

The Choice of Purgatives.—In amenorrhea the best are aloes and myrrh pills. In dropsies the compound jalap powder. In sciatica the compound colocynth pill, or the compound decoction of aloes. In hemorrhoids the confection of senna. In biliousness a blue pill followed up by a dose of epsom salts (the blue pill acts on the duodenum, and hurries the bile downward, while the salts cause the other part of the bowel to contract, and so evacuate the bile before it is reabsorbed). If a purgative does not act the rule should be to repeat it once, and then, if necessary, give a copious warm-water enema. From all I can see I would say the less we make use of purgatives the better. Nature knows her own work, and if we take regular mental and bodily exercise, eat and drink moderately, we shall find this as a rule quite sufficient for keeping us in good sound health, and also for preserving a *mens sana in corpore sano*.—*Dr. Page Atkinson in Edinburgh Med. Jour.*

Caution in the Use of Vaseline and Similar Petroleum Derivatives.—Recently some persons using vaseline were affected with eruptions on the face resembling eczema and causing rather persistent scabs. As all the persons thus affected got their remedies from a common source, inquiry was made whether any accidental circumstances could account for this unusual accident; fortunately, the vessel in which the substance was contained was preserved. It had been sent from a wholesale druggist with a covering of red paper, from which the dye was dissolved in great measure by the mineral oil. In fact, the irritation resolved itself into another example of the well-known action of an arsenical coloring matter of the magenta class upon the human skin.—*W. Frazier, F. R. C. S., in Medical Press and Circular*.

Codeia as a Sedative.—No symptom is more distressing to a patient than frequent coughing, and none demands more judicious treatment on the part of the practitioner, if he would avoid undoing with his cough-mixtures all the good he is attempting by his more general therapeutic measures. In phthisis the presence of anorexia makes us unwilling to give opium or morphia, and frequently when we do so we have reason to regret it. Many patients, especially gouty subjects and those who suffer much from derangement of the liver, are intolerant of opium and morphia. On account of these difficulties I have been led to employ codeia in such cases, in the hope that it might be of service, and it has succeeded beyond my anticipations. In phthisis it allays cough without disturbing the digestive system; and in the other class of cases I have found it tolerated when opium and morphia were not. I prescribe the drug in doses of a grain dissolved in syrup of tolu.—*British Medical Journal*.

The Removal of Syphilitic Stains.—M. Langlebert remembering that blistered surfaces, when allowed to suppurate for a few days, leave, especially in dark-skinned subjects, white marks often indelible, applied small blisters to syphilitic macule. The effect was, after some suppuration produced by epispastic pomade, to heal, leaving a rosy spot, which grew gradually white.—*Gazette des Hôpitaux*.

A Case of recovery after evacuation of a traumatic abscess in brain by trephining and incision is reported by Mr. Hulke in the Medical Times and Gazette, April 5th.